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Bib Data Sheet

CONFIRMATION NO. 7189

SERIAL NUMBER 10/769,115	FILING DATE 01/30/2004 RULE	CLASS 324	GROUP ART UNIT 2829	ATTORNEY DOCKET NO. YOR920030625US1 (163-27)
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APPLICANTS

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 ** CONTINUING DATA ***** *None EC*

 ** FOREIGN APPLICATIONS ***** *None EC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>EC</i>	INITIALS		
Verified and Acknowledged				

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TITLE

Contactless circuit testing for adaptive wafer processing

FILING FEE RECEIVED 914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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